

104TH CONGRESS
1ST SESSION

H. R. 1950

To require that health plans provide coverage for a minimum hospital stay for a mother and child following the birth of the child, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 28, 1995

Mr. PALLONE (for himself and Mr. TORRICELLI) introduced the following bill;
which was referred to the Committee on Commerce

A BILL

To require that health plans provide coverage for a minimum hospital stay for a mother and child following the birth of the child, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Newborns’ and Moth-
5 ers’ Health Protection Act of 1995”.

6 **SEC. 2. REQUIRED COVERAGE FOR MINIMUM HOSPITAL**
7 **STAY FOLLOWING BIRTH.**

8 (a) IN GENERAL.—A health plan that provides ma-
9 ternity benefits, including benefits for child birth, shall en-
10 sure that coverage is provided for a minimum of 48 hours

1 of inpatient care following a vaginal delivery and a mini-
2 mum of 96 hours of inpatient care following a caesarean
3 section for a mother and her newly born child in a health
4 care facility.

5 (b) EXCEPTION.—

6 (1) IN GENERAL.—Notwithstanding subsection
7 (a), a health plan that provides coverage for post-de-
8 livery care provided to a mother and her newly born
9 child other than in an inpatient setting shall not be
10 required to provide coverage of inpatient care under
11 subsection (a) unless such inpatient care is deter-
12 mined to be medically necessary by the attending
13 physician or is requested by the mother.

14 (2) ATTENDING PHYSICIAN.—For purposes of
15 paragraph (1), the term “attending physician” shall
16 include the obstetrician, pediatrician, or other physi-
17 cian attending the mother or newly born child.

18 (c) NOTICE.—A health plan shall provide notice to
19 each enrollee under such plan regarding the coverage re-
20 quired by this section in accordance with regulations pro-
21 mulgated by the Secretary of Health and Human Services,
22 in consultation with the National Association of Insurance
23 Commissioners. Such notice shall be in writing and promi-
24 nently positioned in any literature or correspondence made

1 available or distributed by the health plan and shall be
2 transmitted—

3 (1) in the next mailing made by the plan to the
4 employee;

5 (2) as part of the yearly informational packet
6 sent to the enrollee; or

7 (3) not later than January 1, 1996;

8 whichever is earlier.

9 (d) HEALTH PLAN.—

10 (1) IN GENERAL.—As used in this Act, the
11 term “health plan” means any plan or arrangement
12 which provides, or pays the cost of, health benefits.

13 (2) EXCLUSIONS.—Such term does not include
14 the following, or any combination thereof:

15 (A) Coverage only for accidental death or
16 dismemberment.

17 (B) Coverage providing wages or payments
18 in lieu of wages for any period during which the
19 employee is absent from work on account of
20 sickness or injury.

21 (C) A medicare supplemental policy (as de-
22 fined in section 1882(g)(1) of the Social Secu-
23 rity Act).

24 (D) Coverage issued as a supplement to li-
25 ability insurance.

1 (E) Worker's compensation or similar in-
2 surance.

3 (F) Automobile medical-payment insur-
4 ance.

5 (G) A long-term care policy, including a
6 nursing home fixed indemnity policy (unless the
7 Secretary determines that such a policy pro-
8 vides sufficiently comprehensive coverage of a
9 benefit so that it should be treated as a health
10 plan).

11 (H) Such other plan or arrangement as the
12 Secretary of Health and Human Services deter-
13 mines is not a health plan.

14 (3) CERTAIN PLANS INCLUDED.—Such term in-
15 cludes any plan or arrangement not described in any
16 subparagraph of paragraph (2) which provides for
17 benefit payments, on a periodic basis, for—

18 (A) a specified disease or illness, or

19 (B) period of hospitalization,

20 without regard to the costs incurred or services ren-
21 dered during the period to which the payments re-
22 late.

23 **SEC. 3. EFFECTIVE DATE.**

24 The provisions of section 2 shall apply to all health
25 plans offered, sold, issued, or renewed after the expiration

- 1 of the 1-year period which begins on the date of enactment
- 2 of this Act.

